



Arizona Department of Revenue • Bingo Section

Phoenix Office: (602) 716-7801 • Tucson Office: (520) 628-6438

APPLICATION FOR BINGO LICENSE

Complete all information on this form. If you do not complete all information, your application will be returned. All information is subject to verification. If you need more space, attach additional sheets.

Falsification of information contained in this application constitutes a Class 6 felony.

All bingo licenses expire one year from the date of issue. To continue conducting bingo games, you must renew your license prior to the expiration date.

For Department of Revenue Use Only

☐ Approved

☐ Disapproved

REVIEWER'S NAME (please print)

DATE

License Classification: ☐ Class A ☐ Class B ☐ Class C

LICENSE NUMBER

TERM OF LICENSE:

From:

To:

Type or print in black ink.

1 APPLICANT'S NAME	2 TELEPHONE NUMBER WITH AREA CODE
3a ADMINISTRATIVE OFFICE LOCATION	4a MAILING ADDRESS
3b CITY STATE ZIP CODE	4b CITY STATE ZIP CODE

5 Class B and Class C license applicants only: If applying as a qualified organization, indicate the type of organization:

Check one box:

☐ Charitable

☐ Social

☐ Religious

☐ Veterans

☐ Fraternal

☐ Volunteer Fire Department

☐ Homeowners Association

☐ Nonprofit Ambulance Service

6 Class B and Class C license applicants only: If applying as a qualified organization, give the name and address of your one parent or auxiliary:

PARENT 6a ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. CITY STATE ZIP CODE	AUXILIARY 6b ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO. CITY STATE ZIP CODE
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7 Class B and Class C license applicants only: If applying as a qualified organization, indicate the date your organization was established in Arizona:

8 Class B and Class C license applicants only: If applying as a qualified organization, list current officers:

NAME 8a	NAME 8b
TITLE	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE
NAME 8c	NAME 8d
TITLE	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE

9 Class B and Class C license applicants only: Bingo checking account information:

Checking Account Number: _____

Bank Name and Branch: _____

10 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number: _____

Bank Name and Branch: _____

11 Class B and Class C license applicants only: List all **officers and/or supervisors** authorized to sign checks from the accounts listed above. If applying as a qualified organization, all **supervisors must be members** of the applicant:

NAME 11a	NAME 11b
TITLE	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE

12 List the name(s) of the **one or two** persons who will serve as managers. If applying as a qualified organization, these persons **must be members** of the applicant. *Each person must submit an affidavit.*

NAME 12a	NAME 12b
TITLE	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE

13 List the name of the **one** person designated as proceeds coordinator. If applying as a qualified organization, this person **must be an officer or director and a member** of the applicant. *Each person must submit an affidavit.*

NAME	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TITLE	CITY STATE ZIP CODE

- 14** List the name(s) of the person(s) who will serve as supervisor. If applying as a qualified organization, each person **must be a member** of the applicant. *Each person must submit an affidavit.*

NAME 14a	NAME 14b
TITLE	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE
NAME 14c	NAME 14d
TITLE	TITLE
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE

- 15** List the name(s) of the person(s) who will serve as assistants. If applying as a qualified organization, each person **must be a member or new member** of the applicant. Except for "Class A" licensees, *each person must submit an affidavit.*

NAME 15a	NAME 15b
NAME 15c	NAME 15d
NAME 15e	NAME 15f
NAME 15g	NAME 15h

- 16** Street address of the physical location where bingo will be played:

- 17** Indicate the time on each respective day that bingo will be played:

Monday: _____ ☐ AM ☐ PM Friday: _____ ☐ AM ☐ PM

Tuesday: _____ ☐ AM ☐ PM Saturday: _____ ☐ AM ☐ PM

Wednesday: _____ ☐ AM ☐ PM Sunday: _____ ☐ AM ☐ PM

Thursday: _____ ☐ AM ☐ PM

- 18** List dates of proposed game cancellation if any:

- 19** Indicate the type of premises where bingo will be played. *Check one box (line 19 continues on page 4):*

a ☐ Neither rent nor mortgage will be paid from bingo funds.

b ☐ Rented or leased. *Attach rental affidavit and copy of rental agreement.*

LANDLORD'S NAME	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

c ☐ Owned solely by the organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, etc..*

HOLDER OF MORTGAGE	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

- 19d** ☐ Owned jointly with other organization. Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, etc..

HOLDER OF MORTGAGE 1)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: 2)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE
CO-OWNER HOLDER: 3)	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

- 20** List bingo licensees who are or will be conducting bingo in the same premises as you and those licensees located within 1,000 feet of your premises.

NAME 20a	NAME 20b
ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
CITY STATE ZIP CODE	CITY STATE ZIP CODE

- 21** Expected bingo expenses (line 21 continues on page 5):

- a** Mortgage: \$_____ per month

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

- b** Rent: \$_____ per ☐ month ☐ hour ☐ occasion

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

- c** Janitorial Services: \$_____ per ☐ month ☐ hour ☐ occasion

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

- d** Accounting Services: \$_____ per ☐ month ☐ hour ☐ occasion

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

- e** Security Services: \$_____ per ☐ month ☐ hour ☐ occasion

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.
TELEPHONE NUMBER WITH AREA CODE	CITY STATE ZIP CODE

21 Expected Bingo Expenses, continued...**f** Bingo Supplies: \$_____ per _____

PAYABLE TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
TELEPHONE NUMBER WITH AREA CODE	CITY	STATE	ZIP CODE

g Maximum prize payout per occasion: \$_____. *Attach game schedule that lists individual prize amounts.*

PAID TO	ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.		
TELEPHONE NUMBER WITH AREA CODE	CITY	STATE	ZIP CODE

h Utilities Expenses:

ELECTRIC (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	
ACCOUNT NUMBER	MONTHLY AMOUNT \$	CITY	STATE ZIP CODE

GAS (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	
ACCOUNT NUMBER	MONTHLY AMOUNT \$	CITY	STATE ZIP CODE

WATER (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	
ACCOUNT NUMBER	MONTHLY AMOUNT \$	CITY	STATE ZIP CODE

TRASH REMOVAL (payable to)		ADDRESS - NUMBER AND STREET, RURAL RT., APT. NO.	
ACCOUNT NUMBER	MONTHLY AMOUNT \$	CITY	STATE ZIP CODE

22 Briefly state the specific projected use of net proceeds from games of bingo:

Under penalty of perjury, upon oath, I, _____, declare that I am duly authorized to sign and file this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof, and that all information provided has been fully, accurately, and truthfully completed to the best of my knowledge.

AFFIANT'S SIGNATURE_____
DATE_____
TITLE